APPENDIX 1:

Key Findings:

1. Long-standing operational and personnel management problems continue under the current CME.

a. That the CME immediately begin writing and implementing policies and standard procedures for the most critical operational areas (particularly those affecting employee health and safety) in order to bring consistency, efficiency, and safe practices to the way employees conduct OCME business from day-to-day.

b. That the CME take a "lessons learned" approach to the information in this report and make adjustments in his management style and operational oversight in order to improve both the perception and the reality of a District agency that is performing poorly.

c. That the Deputy Mayor for Public Safety and Justice review this and previous reports on OCME and work with the CME to develop both near- and long-term plans and specific goals for improving all OCME operations.

2. OCME has not been inspected and accredited as have its counterparts in surrounding jurisdictions.

That the CME take the necessary steps to be inspected and evaluated by the National Association of Medical Examiners.

3. OCME has a significant backlog of unwritten autopsy reports.

a. That the CME consider contracting with private pathologists to reduce the backlog of autopsy reports.

b. That the CME review the concerns and suggestions of his medical examiner team regarding reduction of the backlog.

4. Unidentified, unclaimed bodies date back to 2000 and are a health hazard.

That the CME take steps immediately to eliminate the backlog of body release and disposal, and release or otherwise transfer bodies from OCME within 30 days as required by District regulations.

5. Policies and procedures for conducting autopsies are inadequate.

a. That the CME collaborate with his team of medical examiners to review the sufficiency of policies and procedures pertaining to autopsies and other OCME operations as pertinent, and give full consideration to their input.

b. That the CME establish written, standard criteria for agreeing to requests for special autopsy procedures based on a family's religion.

c. That the CME develop a policy and procedure for retaining and disposing of organ and tissue specimens.

6. <u>The Histology laboratory is not properly vented and waste chemicals are improperly stored and disposed of, causing the lab to be shut down in June 2003</u>.

a. That the CME order and install fumigation hoods in the histology laboratory.

b. That the CME establish policies and procedures for the storage and disposal of waste chemicals.

7. <u>The CME's relationship with the Child Fatality Review Committee has been marred by problems</u>.

a. That the CME make the appropriate personnel transfers and fill critically needed administrative staff positions for the CFRC.

b. That the CME provide the IG a detail accounting or all funds spent providing administrative support to the CFRC.

c. That the CME allow CFRC members to participate in the oversight and development of the CFRC administrative support budget to ensure the efficient use and proper accountability of funds.

d. That the CME provide the CFRC administrative staff with OCME policies and procedures.

e. That the Mayor review the appropriateness of the CME's oversight of the CFRC's administrative support staff and consider a more independent oversight location.

f. That the CME attend all CFRC meetings or send a designee as required by the D.C. Code.

8. <u>Staffing for some of the most critical areas is not adequate</u>.

a. That the CME adequately staff OCME to provide on-site death scene investigations whenever required.

b. That the CME provide adequate staffing to ensure the timely transport of decedents.

c. That the CME increase Communication Unit staffing of the midnight tour for the 24-hour phone number to ensure proper and adequate coverage.

d. That the CME increase staffing for maintenance and upkeep of the OCME facility.

e. That the CME work with the Office of Property Management to ensure that structural and equipment repairs are completed as required by the renovation contract.

9. The CME is not producing statistical data and annual reports on deaths and autopsies as required by District law.

That the CME provide the Mayor with an annual report as required by the D.C. Code and as recommended by NAME.

Health and Safety Issues:

10. The use of x-ray equipment does not conform to District regulations and NAME recommendations, and employees are endangered.

No recommendations.

11. Stretchers and carts used to move bodies are old, rusted, and dangerous.

That the CME take steps to expedite the replacement of old and malfunctioning body carts.

12. OCME does not have written policies and procedures or training for the disposal of biohazardous waste.

That the CME provide OCME employees with training and written policies and procedures for the proper disposal of bio-hazardous waste.

13. Employees are not trained to avoid biohazardous contamination associated with body handling and transport.

That the CME establish written policies and procedures and provide training, and protective equipment to body transport employees to prevent biohazardous contamination.

14. OCME does not have a written hazardous communication program as required by federal law.

That the CME oversee completion and implementation of a written hazardous communication program as required by 29 CFR § 1910.1200(e)(1)(*Lexis* through July 23, 2003).

15. The autopsy suite tissue storage areas are not properly ventilated.

That the CME have the ventilation system in the autopsy suite tissue storage areas inspected and upgraded as required.

16. Handling of personal protective equipment (PPE) is unsafe.

a. That the CME immediately forbid removal of PPE from the OCME facility.

b. That the CME provide on-site or contract for laundry services for PPE.

17. Mortuary employees do not have adequate shower facilities for removing bodily fluids and contaminants.

That the CME have the shower facilities repaired and ensure that they are cleaned and disinfected daily.

18. Odors from autopsy suite permeate public access areas.

No recommendations.

Mortuary:

19. OCME's death pronouncement process does not ensure that bodies are always officially pronounced dead prior to arrival at OCME.

a. That the CME consider contracting with private physicians to pronounce death at the scene when no qualified personnel are available.

b. That the CME consider resumption of the practice of having autopsy technicians transport bodies to an emergency room for the pronouncement of death prior to arrival at OCME when no qualified personnel are available.

c. That the CME consult with OCC on proposing legislation to the City Council that would permit qualified paramedics to officially pronounce death.

20. The lack of procedures, training, and equipment for efficient body handling and transport puts employees at risk.

That the CME establish written policies and procedures and provide training for body handling and transport.

21. The procedures for processing bodies into the morgue are inadequate.

That the CME establish written policies and procedures for processing bodies into the morgue, including a checklist to be maintained with a decedent's case file.

22. Unidentified skeletal remains have not been properly processed.

That the CME take steps to identify, label, and dispose of unidentified and unclaimed skeletal remains, as appropriate.

23. OCME does not fingerprint decedents in a timely manner.

a. That the CME draft a Memorandum of Agreement or a Memorandum of Understanding with MPD for fingerprinting decedents, or provide equipment and training to OCME employees for fingerprinting.

b. That the CME require fingerprinting of all decedents upon arrival at OCME.

c. That the CME take the steps necessary to have all bodies presently stored at OCME fingerprinted.

24. OCME does not have a consistent policy regarding identification of decedents.

a. That the CME clarify the identification and body viewing policy and procedure and commit it to writing.

b. That the CME provide a private viewing space when there are exceptions to photographic identification.

25. Employees do not have clear, established policies and procedures for releasing bodies.

That the CME provide written policies and procedures for the release of bodies.

26. OCME does not have a system to document, transfer, and safeguard the personal effects of deceased persons.

a. That the CME establish policies and procedures for the transfer of property at death scene investigations.

b. That the CME inform the next of kin how to claim personal property by creating an information sheet or pamphlet.

c. That the CME revise the OCME property and evidence transfer procedures to accurately reflect the chain of custody.

d. That the CME work with the Chief of Police to develop and document a secure means of transferring property to MPD as required by the D.C. Code.

27. Mortuary technicians exposed to hazardous conditions do not receive environmental differential pay.

That the CME work with DCOP to determine if the exposure of mortuary technicians to environmental hazards warrants their receipt of environmental differential pay.

Forensic Investigations:

28. <u>Some Metropolitan Police Department (MPD) officers impede OCME death scene investigations</u>.

a. That the CME collaborate with the Chief of Police on clarifying in writing the responsibilities of OCME and MPD personnel at death scenes, and that oversight procedures be put in place that will ensure the integrity of all death scenes is maintained.

b. That the CME collaborate with the Chief of Police to ensure that OCME is promptly notified of all deaths subject to investigations as required by the D.C. Code.

29. <u>OCME does not have standard, written procedures for death scene investigations, and MLIs are not certified</u>.

a. That the CME provide written policies and procedures for all aspects of death scene investigations.

b. That the CME require that all MLIs be formally trained and certified.

30. <u>OCME does not obtain investigative findings from MPD, FEMS, and other investigative agencies</u>.

That the CME work with MPD, the FEMS, and other investigative agencies, as appropriate, to ensure that all necessary investigative reports are provided to OCME promptly when requested.

Office of the CME:

31. <u>OCME does not have a workplace safety and health program</u>.

a. That the CME establish written safety policies and procedures in accordance with OSHA guidelines.

b. That the CME provide hepatitis B vaccinations to all at-risk employees.

c. That the CME provide alternative protection for employees allergic to latex gloves and masks.

d. That the CME provide periodic tuberculosis screenings for all at-risk employees.

e. That the CME provide adequate training in universal precautions when performing autopsies and handling biological specimens.

f. That the CME provide powered respirators for use in the autopsy suite.

g. That standard operating procedures be written and arrangements made for employees to obtain immediate access to appropriate health care, at no cost, after exposure to bloodborne and airborne pathogens.

32. OCME does not have a Mass Fatality or Disaster Plan.

a. That the CME develop a written Mass Fatality and Disaster plan as soon as possible.

b. That the CME send appropriate OCME employees to training on Mass Fatality and Disaster Planning.

33. OCME is not prepared to handle after-hours autopsies in response to requests from other investigative agencies or District authorities.

That the CME, in collaboration with affected agencies and officials, consider development of an after-hours plan for conducting autopsies, and providing other OCME services and assistance to investigative agencies such as MPD, or other District or federal authorities, as may be required.

34. OCME does not have a tracking system for public complaints and inquiries.

That the CME assign complaint and inquiry tracking and response duties to a responsible staff person immediately.

35. OCME does not have a quality assurance program.

a. That the CME consider holding conferences at day's end to address cases and backlogs, and to solicit employee views and ideas on improving OCME operations.

b. That the CME establish and implement an autopsy report evaluation program that holds medical examiners responsible for the conduct and results of all autopsies without unwarranted interference by the CME.

36. The CME has filled support positions that require permanent staffing with term employees. This practice may be contrary to the intent of D.C. Personnel Regulations.

That the CME consult with DCOP on the regulatory requirements and proper use of term appointments, and ensure that he and all current and future term employees are fully versed on their separate responsibilities and entitlements.

37. An IT consultant hired by the Office of the Chief Technology Officer (OCTO) to automate some OCME operations has been given supervisory and managerial responsibilities in violation of District regulations.

That the CME revoke supervisory and management duties assigned to the OCTO independent contractor that are outside the scope of her consultant contract and ensure that these responsibilities (duties) are reassigned to the appropriate employee(s).

38. Employees do not receive annual performance evaluations in accordance with the District Personnel Manual.

That the CME ensure that employees receive annual performance evaluations in a timely manner, and that they are discussed with each employee in accordance with District personnel regulations.

Administration:

39. Case records are not properly secured and controlled.

a. That the CME establish written policies and procedures in line with the District's records schedule for the storage, maintenance, and security of records.

b. That all spaces for sensitive record storage be secured at all times and that only authorized personnel have access.

c. That OCME implement a sign-in and sign-out policy for all case files and investigative reports.

40. Installation and implementation of a new automated system is behind schedule.

That the CME give priority to coordinating with OCTO to ensure that the CMS project gets on schedule, is completed expeditiously, and meets the terms of the contract.

41. The Toxicology Laboratory does not have sufficient electrical power and surge protection to support its operations.

That the CME hire a contractor to correct the power and electrical surge deficiencies in the Toxicology Laboratory.